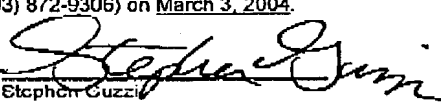
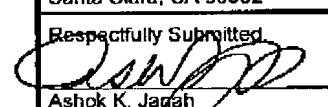


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Lill et al. Application No: 09/545,110 Confirmation No: 9276 Filed: April 6, 2000 For: IMPROVED SUBSTRATE MONITORING METHOD AND APPARATUS		Group No: 1762 Examiner: Marianne L. Padgett Attorney Docket No: 003117 USA/ETCH/SILICON/JB1 March 3, 2004 San Francisco, CA 94107			
VIA FACSIMILE / 703-872-9306 Commissioner for Patents		Extension of Term <input checked="" type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136			
Papers Enclosed <input checked="" type="checkbox"/> Response to Notice of Non-Compliant Amendment including Marked-Up Copy of Claims <input type="checkbox"/> Drawings <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form <input type="checkbox"/> Citations <input type="checkbox"/> Declaration/Affidavit <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return <input type="checkbox"/> Response to Restriction Requirement <input type="checkbox"/>		Extension (Months) <input checked="" type="checkbox"/> One Month <input type="checkbox"/> Two Months <input type="checkbox"/> Three Months	Extension Fee \$110 \$400 \$920 Total \$ 110.00 <input type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.		
Fees for Extra Claims					
Amendment Fee Calculation					
	Claims remaining after amendment	Highest Number Previously Paid for	Number Extra	Rate Large Entity	Additional Fee
Total Claims	38	106	0	\$18	0
Independent Claims	13	30	0	\$84	0
Multiple Dependent Claims				\$280	0
Supplemental Information Disclosure Statement				\$180	0
Total					\$0.00
Fee Payment Extension Fees \$110.00 Fees for Extra Claims \$0.00 Total \$110.00		Fee Deficiency <input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. 10-0258 and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. 10-0258.			
<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input checked="" type="checkbox"/> Please charge Deposit Account No. 10-0258 in the sum of \$110.00.		Please direct all telephone calls to: Ashok Janah at (415) 538-1555 Please continue to send correspondence to: Applied Materials, Inc. Patent Department, M/S 2061 P.O. Box 450A Santa Clara, CA 95052			
Certificate of Transmission I hereby certify that this correspondence is facsimile transmitted to the U.S. Patent and Trademark Office (Fax No. (703) 872-9306) on March 3, 2004. By:  Stephen Guzzi		Respectfully Submitted  Ashok K. Janah Registration No. 37,487 Date March 3, 2004			

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